



Please take a moment

Your comments help us evaluate and improve our Older Americans Month promotional efforts. Please take a minute to complete this card.

NAME _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL _____

1. How useful did you find the items in this kit?

	Very Useful	Somewhat Useful	Not Useful
Guidebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feature Stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio PSAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print PSAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fact Sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logo Sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informational Vignettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How will you use these materials?

- | | |
|---|---|
| <input type="checkbox"/> Local presentation | <input type="checkbox"/> Senior centers |
| <input type="checkbox"/> Health/Job fairs | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Other, please list _____ | |
| _____ | |
| _____ | |

3. Additional Comments _____

*The U.S. Department of Health and Human Services,
Administration on Aging thanks you for your time and comments.*